

The Commonwealth of Massachusetts

Division of Professional Licensure

239 Causeway Street Boston, MA 02114 www.mass.gov/dpl/boards/hi.index.htm

Board of Registration of Home Inspectors (617) 727-0131

BOARD USE ONLY						
Ex. Date	Application for Associate Home	Associate Home Inspector Fee \$225				
Ex. Result	Inspector License	Attach certified CHECK or MONEY				
Cert. Date		ORDER payable to the				
Cert. No		Commonwealth of MA. DO NOT SEND CASH				
		DO NOT SEND CASH				
Please Use Ink or Type -	Must Be Neat And Legible					
Last Name	Jr., Sr., III, etc.	First Name M. I.				
Number, Street/P. O. Box		Apt. No.				
City or Town	State	Zip				
Telephone Number						
		Social Security Number				
	s. 47A, the Division of Professional Licensur	- · · · · · · · · · · · · · · · · · · ·				
	ne Department of Revenue. The Department of tax laws of the Commonwealth.	of Revenue will use it to ascertain whether				
you are in compnance with	tax laws of the Commonwealth.					
Date of Birth		РНОТО				
Month	Day Year	Photograph taken less				
	_	than 1 year prior to filing application				
Date of National Home Ins Attach copy of photo scor	-	Do not use staples - Paste				
Attach copy of photo scor	стерогі	or cellophane tape only –				
		2" X 2" passport type				
Attended	High School					
Graduation Date	GED					
Graduation Date	GLD	 -				
	Board Use Only					
Number of Inspecti	•					
Application	Approved Disapproved					
	Executiv	ve Director/Designee				

Associate Home Inspector Application

Applicant's Name_____

	(Signature) Date:
7.	I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Division of Professional Licensure, Board of Registration of Home Inspectors in Massachusetts to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to M.G.L.C.62C, s. 49A. to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxed required by law.
	The Board is certified by the Criminal History Systems Board (ID# MAREG G) to access data about convictions and pending criminal cases. Those records –and other Federal and professional recordsmay be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.
6.	Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes No If yes, please state the details (use a separate sheet if necessary):
5.	Have you ever applied for and been denied a professional license in the United States or any country of foreign jurisdiction? Yes No if yes, please state the details (use a separate sheet if necessary):
4.	Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes No If yes, please state the details (use a separate sheet if necessary):
3.	Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes No If yes, please state the details (use a separate sheet if necessary):
2.	Has a licensing/certification board located in the United States, any country or foreign jurisdiction, taken any disciplinary action against you? Yes No If yes, please state the details (use a separate sheet if necessary):
1.	List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.



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Associate and Permanent License Application

HOME INSPECTOR SUPERVISION VERIFICATION

Make copies and use more than one sheet if necessary. All signatures must be original. Pursuant to M.G.L 146 all statements made are subject to the penalties of perjury.

Name of Applic	ant						_		
Name of Emplo	yer						_		
Employer's Add	lress								
1 7	No.	Street		City/Tow	n		State	Zip	
Employed			То						
	Month	Day	Year	Month	Day	Year	Years		
Signature of Lic	ensed Ho	me Inspecto	r	MA Lice	nse Numbe	r		Date	

Please attach proof of \$250,000 of errors and omissions insurance.



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Home Inspections List

Please list 25 home inspections performed under direct supervision of a Massachusetts Licensed Home Inspector.

Date	Address	Client
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
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21.		
22.		
23.		
24.		
25.		

Ple	ase provide proof of successful completion of 75 hours of Educational Training Credits. Formal coursework must include not less				
thai	n:				
(a)	Six hours dedicated to the inspection of roofing,				
(b)	Six hours dedicated to the inspection of exterior cladding system(s).				
(c)	Six hours dedicated to the inspection of masonry system(s).				
(d)	Nine hours dedicated to the inspection of structural system(s).				
(e)	Nine hours dedicated to the inspection of electrical system(s).				
(f)	Nine hours dedicated to the inspection of plumbing system(s).				
(g)	Nine hours dedicated to the inspection of heating and air conditioning systems.				
(h)) Six hours shall be dedicated to the 266 CMR regulations including the standards of practice.				
(i)	Six hours dedicated to Report writing.				
(j)	Three hours dedicated to professional ethics.				
(k)	Three hours dedicated to contract law.				
(2)	To meet the total number of hours required, the Trainee shall select, at his/her option, any three additional open Training Credits.				
I ,	being duly sworn says that he is the person who is referred to in this olication for certificate as licensed Home Inspector or Associate, in the State of Massachusetts; that the statements				
	rein contained are strictly true in every respect and that he has complied with all requirements of law.				
bef	ore me this				
	(Signature of Applicant)				
day	of 19 (Seal) s/ (Person Administering Oath)				
	(Person Administering Oath)				